IPDR6702				NORTH CAROLINA		PA	GE: 1	
RUN DATE:	03/25/2007			S CHECKWRITE SUMMARY REPORT				
			(	PHECKWRITE DATE: 03/29/2007 FINANCIAL PAYER: NCDMH				
				FINANCIAL FAIR: NCDM				
PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS FINALIZED	CLAIMS
3404901	SMOKY MOUNTAINM	8599	471	DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND				
	H/DD/SAS			BENEFIT PACKAGE.				
		79	414	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING	38	2035	2119	84
				PROVIDER TYPE AND SPECIALTY IN				
		3411	269	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED				
				BENEFIT SERVICES ON OR AFTER D				
3404904	WESTERN HIGHLAN	8599	196	DETAIL NOT COVERED BY COMBINAT				
	DS LME			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8654	115	ONLY 16 UNITS ALLOWED PER DAY	0	666	9778	9112
				WITHOUT PRIOR APPROVAL. PLEASE CORRECT THE				
	+	+		COMMUNICATION CONTRACTOR AND CONTRAC				
		8533	83	SERVICE FACILITY LOCATION CANN				
				OT BE AN ATTENDING PROVIDER				
				IDENTIFIED AS AN INDIVIDUAL.				
3404910	PATHWAYS	11	124	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
		8536	88	ATTENDING PROVIDER TYPE AND SP	20	410	4203	3793
				ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
		8599	42	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404912	CATAWBA COUNTYM	8599	4	DETAIL NOT COVERED BY COMBINAT				
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		0	٥					
		0			0	4	479	475
3404913	MECKLENBURG COM	23	522	SERVICE REQUIRES PRIOR APPROVA				
	ENTAL HEALT							
		79	278	THIS SERVICE IS NOT PAYABLE TO	4	1456	3063	1607
				YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
		8599	162	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
	+	+		DANIE II FRANKE.	1			
3404916	CROSSROADS BEHA	8505	36	CLAIM DENIED DUE TO INSUFFICIE				
	VIORAL HEAL		_	NT BUDGET				
		+						
		8800	6	FURTHER PROCESSING NECESSARY,	0	42	51	9
				PLEASE CHECK FOR CLAIM ON				
		+		FUTURE RA'S.				
3404917	CENTERPOINT HUM	8505	2107	CLAIM DENIED DUE TO INSUFFICIE				
	AN SERVICES			NT BUDGET				
		11	177	CLIENT NOT ELIGIBLE ON SERVICE		2458	3399	941
	+			DATE	1	4300	3399	941
		1						
								1
		8599	55	DETAIL NOT COVERED BY COMBINAT				
		8599	55	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
		8599	55					
3404010				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404919	GULFORD CO MEN	8599 8505	3976	ION OF RECIPIENT, PROVIDER AND				
3404919	GUILFORD CO MEN TAL HEALTHC			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED DUE TO INSUFFICIE				
3404919		8505	3976	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET				
3404919				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT	C	4097	4952	855
3404919		8505	3976	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET	0	4097	4952	855
3404919		8505 8599	3976	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	C	4097	4952	855
3404919		8505	3976	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DEWIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  THIS SERVICE IS NOT PAYABLE TO	a d	4097	4952	855
3404919		8505 8599	3976	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  THIS SERVICE IS NOT PAYABLE TO  YOUR SUBMITTED BILLING	C	4097	4952	855
3404919		8505 8599	3976	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DEWIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  THIS SERVICE IS NOT PAYABLE TO	0	4097	4952	855

Marie   Mari	Price   Pric								TOTAL	TOTAL
March   Marc	STOTION DOMES   STOTION DOME	PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL		
	1.000   1.00	NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION				
	1.000   1.00									
1	12   12   12   12   12   12   12   12	3404920		8505	1757					
1997   1997			L AREA MH D			NT BUDGET				
1997   1997										
1409071   1500	164191   1600			21	315	DUPLICATE OF CLAIM-SYSTEM	1	2157	3265	1108
	1009920   100000   100000   100000   100000   100000   1000000   1000000   1000000   1000000   1000000   1000000   1000000   1000000   1000000   1000000   1000000   1000000   1000000   1000000   1000000   1000000   1000000   10000000   10000000   10000000   10000000   10000000   10000000   10000000   10000000   10000000   10000000   100000000						_			
	1009920   100000   100000   100000   100000   100000   1000000   1000000   1000000   1000000   1000000   1000000   1000000   1000000   1000000   1000000   1000000   1000000   1000000   1000000   1000000   1000000   1000000   10000000   10000000   10000000   10000000   10000000   10000000   10000000   10000000   10000000   10000000   100000000									
	1009920   100000   100000   100000   100000   100000   1000000   1000000   1000000   1000000   1000000   1000000   1000000   1000000   1000000   1000000   1000000   1000000   1000000   1000000   1000000   1000000   1000000   10000000   10000000   10000000   10000000   10000000   10000000   10000000   10000000   10000000   10000000   100000000									
1049-11	MARCH STANDER C			8000	28					
						RICE THIS CLAIM DETAIL				
		3404921		8505	1756	CLAIM DENIED DHE TO INSHERICIE				
112   144   125	100   114   115	3101321		0303	1750					
100   100	100   100		DAIDAM AREA							
100   100	100   100									
100   100	140-1033   THE COMMAN CAPE   1505			5312	214	PRIOR AUTHORIZED DOLLARS EXCEE	0	2499	5562	3063
144922   THE TORNING CHEFT   1450	160932   THE DOMAN CERT   1500   15					DED				
144922   THE TORNING CHEFT   1450	160932   THE DOMAN CERT   1500   15									
144922   THE TORNING CHEFT   1450	160932   THE DOMAN CERT   1500   15									
195932 NEW COUNTY NO. 12 13 13 PRIVED PROCESSIVE RECESSIVE, 22 2029 2327 23 20 2029 1327 23 20 2029 1327 23 20 2029 1327 23 2029 1327 2	149932 THE CORNAN CENTY   1995   1009   1109			8000	99					
10   10   10   10   10   10   10   10	10   10   10   10   10   10   10   10					RICE THIS CLAIM DETAIL				
10   10   10   10   10   10   10   10	10   10   10   10   10   10   10   10									
10   10   10   10   10   10   10   10	10   10   10   10   10   10   10   10	3404922	THE DIDUM CENT	8505	2009	CLAIM DENIED DUE TO INSUFFICIE				
100   133   PURISHE PROCESSIANY   22 2419   31		•		1						
PARSE CHICK POR CALAN ON	PLANES CHIEF FOR CLAIM GO									
PARSE CHICK POR CALAN ON	PLANES CHIEF FOR CLAIM GO			1						
				8800	313	FURTHER PROCESSING NECESSARY,	28	2639	3157	518
100   100	10 133 SOURCEATE OF CLAIM-SYSTEM  10 13 SOURCEATE OF CLAIM-SYSTEM  11 17 CLEAR WAY ELICIALS ON SERVICE  12 THIS SERVICE IS NOT BANAGE TO  13 THIS SERVICE IS NOT BANAGE TO  14 THIS SERVICE IS NOT BANAGE TO  15 THE SERVICE IS NOT BANAGE TO  16 THIS SERVICE IS NOT BANAGE TO  17 THIS SERVICE IS NOT BANAGE TO  18 THIS SERVICE IS NOT BANAGE TO  18 THIS SERVICE IS NOT BANAGE TO  18 THIS SERVICE IS NOT BANAGE TO  19 THIS SERVICE IS NOT BANAGE TO  19 THIS SERVICE IS NOT BANAGE TO  10 THIS SERVICE IS NOT BANAGE TO SERVICE  10 THIS SERVICE IS CLEAR BANAGE TO SERVICE  10 THIS SERVICE IS NOT BANAGE TO SERVICE  10 THIS SERVICE IS NOT BANAGE TO SERVICE  10 THIS SERVICE IS SERVICE IN THIS SERVICE  10 THIS SERVICE IS NOT BANAGE TO SERVICE  10 THIS SERVICE IS NOT BANAGE TO SERVICE  10 THIS SERVICE IS SERVICE IN THIS SERVICE  10 THIS SERVICE IS NOT BANAGE TO SERVICE  10 THIS SERVICE IS NOT BANAGE TO SERVICE  10 THIS SERVICE IS SERVICE TO SERVICE  10 THIS SERVICE IS NOT BANAGE TO SERVICE  11 T									
140933   PINE COUNTY MR   13   93   CLERT NOT RISERATION SERVICE	1404923   FIVE COUNTY ME					FUTURE RA'S.			-	
140933   PINE COUNTY MR   13   93   CLERT NOT RISERATION SERVICE	1404923   FIVE COUNTY ME			0.7	122					
APPE	DATE     DATE     DATE     DATE     DATE     DATE     DATE   DA			21	133	DUPLICATE OF CLAIM-SYSTEM				
APPE	DATE     DATE     DATE     DATE     DATE     DATE     DATE   DA			1						
APPE	DATE     DATE     DATE     DATE     DATE     DATE     DATE   DA									
APPE	DATE     DATE     DATE     DATE     DATE     DATE     DATE   DA	3404923	DELET GOLDWIN MIL	11	93	CLIENT NOT ELIGIBLE ON SERVICE				
10	185	3101323	FIVE COUNTY MH		33					
NOTES CREATED BILLION   NOTE	NOUR SHEATTER BILLING									
NOTES CREATED BILLION   NOTE	NOUR SHEATTER BILLING									
YOUR SUBSTITUTE BILLION	NOOR SENTING BILLING   NOOR SENTING BILLING BY   NOOR BE SENTING BY   NOOR BY			79	86	THIS SERVICE IS NOT PAYABLE TO	0	327	1806	1479
						YOUR SUBMITTED BILLING				
						PROVIDER TYPE AND SPECIALTY IN				
304925   SAUMHILLS CENTE   \$955   2437   CLAIM DENIED DUE TO INSUFFICE	WALE FOR SUBMITTED BILLING PR			8536	56					
SAMENIAL COMPRESS   SAME	24   24   24   24   24   24   24   24									
No. MONI/OD	R FOR MBI/LDD   NY BUDGET   NY					VALID FOR SUBMITTED BILLING PR				
No. MONI/OD	R FOR MBI/LDD   NY BUDGET   NY	2404025		0505	0427	OLATH DENTED DIE MO THOUSETATE				
	21 970 DUPLICATE OF CLAIM-SYSTEM 18 3681 7471 3  8599 296 DETAIL NOT COVERED BY COMBINAT TOK OF RECEIPERT, PROVIDER AND BENETY PACKAGE.  940926 SOUTHEASTERN RE 21 208 DUPLICATE OF CLAIM-SYSTEM G MENTAL HL  22 SERVICE REQUIRES PRIOR APPROVA 6 6554 2460 1 L  23 IS2 SERVICE REQUIRES PRIOR APPROVA 6 6554 2460 1 L  8518 130 CLAIM DENIED, SUDMITTED BEYOND FILIDED TIMELINIT. PRIOR PISCAL TEAM TOO (JULY 1 - JUNE NY BUDGET NY BUDGET STANDARD OF STANDARD O	3404925		0505	2437					
	S599   296   DETAIL NOT COVERED BY COMBINAT		R FOR MH/DD			AT DODGET				
	S599   296   DETAIL NOT COVERED BY COMBINAT									
				21	570	DUPLICATE OF CLAIM-SYSTEM	18	3681	7471	3790
100 OF RECEIPENT, PROVIDER AND	100 OF RECIPIENT, PROVIDER AND						-			
100 OF RECEIPENT, PROVIDER AND	100 OF RECIPIENT, PROVIDER AND									
100 OF RECEIPENT, PROVIDER AND	100 OF RECIPIENT, PROVIDER AND									
STATE   STAT	BENEFIT PACKAGE.			8599	296					
3404926 SOUTHEASTERN RE 21 208 DUPLICATE OF CLAIM-SYSTEM	3404926 SOUTHEASTERN RE 21 208 DUPLICATE OF CLAIM-SYSTEM									
G MENTAL HL  G MEN	SERVICE REQUIRES FRIOR APPROVA   6   654   2460   1					BENEFIT PACKAGE.				
G MENTAL HL  G MEN	SERVICE REQUIRES FRIOR APPROVA   6   654   2460   1	3404026		21	208	DIDLICATE OF CLAIM OVERDM				
	23 152 SERVICE REQUIRES PRIOR APPROVA 6 6 654 2460 1  L  SERVICE REQUIRES PRIOR APPROVA 6 6 654 2460 1  L  SERVICE REQUIRES PRIOR APPROVA 6 6 654 2460 1  L  SERVICE REQUIRES PRIOR APPROVA 6 6 654 2460 1  L  SERVICE REQUIRES PRIOR APPROVA 6 6 654 2460 1  L  SERVICE REQUIRES PRIOR APPROVA 6 6 654 2460 1  L  SERVICE REQUIRES PRIOR APPROVA 6 6 654 2460 1  L  SERVICE REQUIRES PRIOR APPROVA 6 6 654 2460 1  L  SERVICE REQUIRES PRIOR APPROVA 6 6 654 2460 1  L  SERVICE REQUIRES PRIOR APPROVA 6 6 654 2460 1  L  SERVICE REQUIRES PRIOR APPROVA 6 6 654 2460 1  L  SERVICE REQUIRES PRIOR APPROVA 6 6 654 2460 1  L  SERVICE REQUIRES PRIOR APPROVA 6 6 654 2460 1  L  SERVICE REQUIRES PRIOR APPROVA 6 6 654 2460 1  L  SERVICE REQUIRES PRIOR APPROVA 6 6 654 2460 1  L  SERVICE REQUIRES PRIOR APPROVA  FILING THELINIT. PRIOR  SERVICE REQUIRES PRIOR APPROVA  FILING THELINIT. PRIOR  F	J4047Z0		41	200	DOTHICALE OF CHAIM-SISTEM				-
L L L L L L L L L L L L L L L L L L L	L    CLAIM DENIED, SUBMITTED BEYOND		G MENTAL HL							
L L L L L L L L L L L L L L L L L L L	L    CLAIM DENIED, SUBMITTED BEYOND									
L L L L L L L L L L L L L L L L L L L	L    CLAIM DENIED, SUBMITTED BEYOND		1	23	152	SERVICE REQUIRES PRIOR APPROVA	6	654	2460	1806
FILING TIMELIMIT. PRIOR  FISCAL YEAR DOS (JULY 1 - JUNE	### FILING TIMELIMIT. PRIOR #### FILING TIMELIMIT. PRIOR ###################################					L			2-100	
FILING TIMELIMIT. PRIOR  FISCAL YEAR DOS (JULY 1 - JUNE	### FILING TIMELIMIT. PRIOR #### FILING TIMELIMIT. PRIOR ###################################									
FILING TIMELIMIT. PRIOR  FISCAL YEAR DOS (JULY 1 - JUNE	### FILING TIMELIMIT. PRIOR #### FILING TIMELIMIT. PRIOR ###################################									
FISCAL YEAR DOS (JULY 1 - JUNE	FISCAL YEAR DOS (JULY 1 - JUNE  A040927 CUMBERLAND CO M 8505 25 CLAIM DENIED DUE TO INSUFFICIE  RC			8518	130					
Second   S	3404927 CUMBERLAND CO M 8505 25 CLAIM DENIED DUE TO INSUFFICIE									
NT BUDGET	### ### ##############################					FISCAL YEAR DOS (JULY 1 - JUNE				
NT BUDGET	### ### ##############################	3404027		8505	25	CLAIM DENIED DIE TO INCIDENCE				
Second   S	S599   12 DETAIL NOT COVERED BY COMBINAT   0   57   425	J40474/		0.505	دم					
ION OF RECIPIENT, PROVIDER AND	ION OF RECIPIENT, PROVIDER AND		HC			ar average i				
ION OF RECIPIENT, PROVIDER AND	ION OF RECIPIENT, PROVIDER AND			1						
ION OF RECIPIENT, PROVIDER AND	ION OF RECIPIENT, PROVIDER AND			8599	12	DETAIL NOT COVERED BY COMBINAT	n	57	425	368
BENEFIT PACKAGE.	BENEFIT PACKAGE.							37	725	300
H PATIENT NAME	H PATIENT NAME  H PATIENT NAME  3404930 JOHNSTON COUNTY 8505 618 CLAIM DENIED DUE TO INSUFFICIE  MNTL HLTHC  NT BUDGET  8511 23 CLAIM DENIED, NO BUDGET CRITER  0 641 827									
H PATIENT NAME	H PATIENT NAME  H PATIENT NAME  3404930 JOHNSTON COUNTY 8505 618 CLAIM DENIED DUE TO INSUFFICIE  MNTL HLTHC  NT BUDGET  8511 23 CLAIM DENIED, NO BUDGET CRITER  0 641 827									
3404930 JOHNSTON COUNTY 8505 618 CLAIM DENIED DUE TO INSUFFICIE  NOTE HITHC  NT BUDGET  NT BUDGET  8511 23 CLAIM DENIED, NO BUDGET CRITER  0 641 827 18	3404930 JOHNSTON COUNTY 8505 618 CLAIM DENIED DUE TO INSUFFICIE			191	6					
NTL HITHC NT BUDGET	NNTL HLTBC NT BUDGET					H PATIENT NAME				
MATL HITHC NT BUDGET SILE NO BUDGET CRITER 0 641 827 18	NNTL HLTBC NT BUDGET								-	
NTL HITHC NT BUDGET	NNTL HLTBC NT BUDGET									
8511 23 CLAIM DENIED, NO BUDGET CRITER 0 641 827 18	8511 23 CLAIM DENIED, NO BUDGET CRITER 0 641 827	3404930		8505	618					
			MNTL HLTHC			NT BUDGET				
			1							
				8511	23	CLAIM DENIED, NO RUDGET CRITER	-		0.00	
							0	641	827	186
										<del>                                     </del>
			1							

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404931	WANT OF THE CO.	8599	198	DETAIL NOT COVERED BY COMBINAT				
3404931	WAKE CO HUM SVC BILLING OF	6599	190	ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8534	180	SERVICE FACILITY LOCATION IS N				
		0334	100	OT A VALID IPRS ATTENDING	74	770	8408	7638
				PROVIDER. PLEASE VERIFY THE F				
		120	82	CLIENT ID NUMBER MISSING OR IN				
		120	02	VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
3404933		8599	140	DETAIL NOT COVERED BY COMBINAT				
3404933	SOUTHEASTERN CT R FOR MH/DD	0399	110	ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8518	104	CLAIM DENIED, SUBMITTED BEYOND		425	2155	0700
		0310	101	FILING TIMELIMIT. PRIOR	1	435	3155	2720
				FISCAL YEAR DOS (JULY 1 - JUNE				
		8535	35	SERVICE FACILITY LOCATION WAS				
		0333	33	NOT SUBMITTED ON THIS CLAIM.				
				PLEASE RESUBMIT THE CLAIM WITH				
2404024		0524	160	CHRISTON TRAINING LOCATION TO N				
3404934	ONSLOW CARTERET BEHAV HEAL	8534	168	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING				
				PROVIDER. PLEASE VERIFY THE F				
		0500	100					
		8599	129	DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND	0	712	1416	704
			+	BENEFIT PACKAGE.	+			
		11	125	CLIENT NOT ELIGIBLE ON SERVICE DATE				
			1		+			
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR		+		-			
		0	0		0	0	0	0
			-		-			
3404936	WILSON-GREENE M	8505	492	CLAIM DENIED DUE TO INSUFFICIE	+			
	ENTAL HEALT			NT BUDGET				
					<u> </u>			
		8599	9	DETAIL NOT COVERED BY COMBINAT	0	508	933	425
			1	ION OF RECIPIENT, PROVIDER AND	0	508	933	425
				BENEFIT PACKAGE.				
		79	7	THIS SERVICE IS NOT PAYABLE TO	-			
			1	YOUR SUBMITTED BILLING	+			
				PROVIDER TYPE AND SPECIALTY IN				
3404937		21		DUPLICATE OF CLAIM-SYSTEM	<u> </u>			
340493/	EDGECOMBE NASH MNTL HLTH C	21	2	DOFDICALE OF CLAIM-SISTEM	-			
		101	1	OT THE TE MENDED DOTO NOT ALTO				
		191	1	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	12	1207	1195
		79	1	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING	-			
			+	PROVIDER TYPE AND SPECIALTY IN				
3404939	NEUSE MENTAL HE	8599	142	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
	ALTH CENTER		1	BENEFIT PACKAGE.	<del> </del>			
		670	50	OTHER DIAGNOSIS CODE 4 IS INVA	0	265	1728	1463
				LID	1			
		143	44	CLIENT ID NUMBER NOT ON STATE				
				ELIGIBILITY FILE				
				1				
								-
3404941	PITT CO MH/DD/S	21	406	DUPLICATE OF CLAIM-SYSTEM				
3404941	PITT CO MH/DD/S AS CENTER	21	406	DUPLICATE OF CLAIM-SYSTEM				
3404941		21	406	DUPLICATE OF CLAIM-SYSTEM				
3404941		21	107	DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT	0	755	1536	781
3404941				DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0	755	1536	781
3404941				DETAIL NOT COVERED BY COMBINAT	0	755	1536	781
3404941				DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0	755	1536	781
3404941		8599	107	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	755	1536	781
3404941		8599	107	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  EXCEEDS THE ONE PER DAY LIMITA	0	755	1536	781

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404942	ROANOKE CHOWANH	8518	10	CLAIM DENIED, SUBMITTED BEYOND				
	UMAN SERVIC			FILING TIMELIMIT. PRIOR				
				FISCAL YEAR DOS (JULY 1 - JUNE				
		21	7	DUPLICATE OF CLAIM-SYSTEM				
		21	/	DUPLICATE OF CLAIM-SISIEM	0	21	370	349
		79	3	THIS SERVICE IS NOT PAYABLE TO				
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
3404943	ALBEMARLE MENTA	21	35	DUPLICATE OF CLAIM-SYSTEM				
	L HEALTH CE							
		79	19	THIS SERVICE IS NOT PAYABLE TO	1	130	997	867
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
		8599	18	DETAIL NOT COVERED BY COMBINAT				
	1			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404944	+	21	93	DUPLICATE OF CLAIM-SYSTEM				
3404944	EASTPOINTE HUMA	21	93	DUPLICATE OF CLAIM-SISIEM				
	N SERVICES							
		8536	12	ATTENDING PROVIDER TYPE AND SP	5	138	2406	2260
		0330		ECIALTY COMBINATION IS NOT	5	138	2406	2268
				VALID FOR SUBMITTED BILLING PR				
		8599	9	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404946	FOOTHILLS AREAM	11	730	CLIENT NOT ELIGIBLE ON SERVICE				
	ENTAL HEALT			DATE				
		143	7	CLIENT ID NUMBER NOT ON STATE	0	753	1315	562
				ELIGIBILITY FILE				
		3746	4	RELATED CODES NOT ALLOWED SAME				
				DATE OF SERVICE.				
2404055		8599	24	THE RESERVE AND THE PARTY OF TH				
3404957	TIDELAND MENTAL	0.22	34	DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND				
	HEALTH CTR	1	1	BENEFIT PACKAGE.				
	+		-	DAMES LA LINCONGE.				
	+	8518	14	CLAIM DENIED, SUBMITTED BEYOND	4			05.
	+		1	FILING TIMELIMIT. PRIOR	4	82	956	874
	+	1	1	FISCAL YEAR DOS (JULY 1 - JUNE	1	1	1	
			+					-
	+	11	8	CLIENT NOT ELIGIBLE ON SERVICE				<b>-</b>
				DATE				
			1					
3404979	NEW RIVER AREAM	8505	26	CLAIM DENIED DUE TO INSUFFICIE				
	H/DD/SA PRO			NT BUDGET				
		21	5	DUPLICATE OF CLAIM-SYSTEM	0	33	40	7
		8599	2	DETAIL NOT COVERED BY COMBINAT				
		8599	2	DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.				